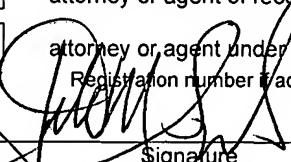




PTO/SB/22 (09-06)

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2006 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		Docket Number (Optional) 58614(71432)		
Application Number	10/776,933-Conf. #2102	Filed February 10, 2004		
For OLIGOMERIC COMPOUNDS FOR THE MODULATION OF THIOREDOXIN EXPRESSION				
Art Unit	1635	Examiner J. B. Ashen		
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.				
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):				
<input type="checkbox"/> One month (37 CFR 1.17(a)(1)) <input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2)) <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))		Fee \$120 \$450 \$1020 \$1590 \$2160	Small Entity Fee \$60 \$225 \$510 \$795 \$1080	\$ _____ \$ 450.00 \$ _____ \$ _____ \$ _____
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input type="checkbox"/> A check in the amount of the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>04-1105</u> . I have enclosed a duplicate copy of this sheet.				
I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>53,624</u> <input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number <u>acting under 37 CFR 1.34</u>  <u>Signature</u>				
<u>Jonathan M. Sparks, Ph.D.</u> Typed or printed name		<u>March 22, 2007</u> Date <u>(617) 439-4444</u> Telephone Number		
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.				
<input type="checkbox"/>	Total of <u>1</u> forms are submitted.			

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